



ANNUAL RAD-TECH RENEWAL FORM

Texas Board of Chiropractic Examiners
333 Guadalupe Street
Suite 3-825
Austin, TX 78701-3942

Phone: (512) 305-6702

Fax: (512) 305-6705



★Please mark your primary address:

☐ Office ☐ Home ☐ Mailing

All TBCE mail will be sent to your primary address

Rad-Tech # _____

PRIMARY ADDRESS (PLEASE PRINT OR TYPE)

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

HOME ADDRESS: (PLEASE PRINT OR TYPE)

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

OFFICE ADDRESS: (PLEASE PRINT OR TYPE)

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PLEASE ENTER ADDITIONAL MAILING ADDRESS HERE:

MAKE CORRECTIONS TO OFFICE ADDRESS HERE:

MAKE CORRECTIONS TO HOME ADDRESS HERE:

LICENSE NUMBER	EXPIRATION DATE
	12/31/2016
\$ 36.00	Renewal fee if received at board office on or before 12/31/2016
\$ 61.00	Renewal fee plus late fee if received at board office after 12/31/2016

List the TBCE facility registration number of every facility where you perform radiologic procedures.

NCT or Hardship Exemption: Submit a copy of your current NCT registration or hardship exemption from the Texas Medical Board.

Performing radiologic procedures without a current rad-tech registration and performing radiologic procedures without direct supervision carry a penalty of up to \$1,000 per violation, with every day being a separate violation. (See §75.11(b) of the TBCE Rules)

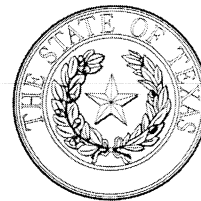


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Rad-Tech # _____

FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR RENEWAL AND IT WILL BE RETURNED TO YOU.

1. Have you been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other licensing agency and/or disciplinary authority of another state since last renewal? (Examples: revocation or suspension of license, administrative penalty, letter of reprimand)

_____ *YES _____ NO

2. Have you been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense since last renewal?

_____ **YES _____ NO

3. Have you been subject to a deferred adjudication for a conviction of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense since last renewal?

_____ **YES _____ NO

* If you answered YES to Question 1, include the name of the Board, licensing or disciplinary authority, the date of the order, and, if applicable, the date of termination of the condition and/or problem.

**If you answered YES to Questions 2 or 3, provide details on each conviction including offense, date of conviction, punishment, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application.

I UNDERSTAND THAT INCOMPLETE RENEWAL PACKETS, INCLUDING RENEWAL FEES FOR THE WRONG AMOUNT, WILL NOT BE PROCESSED AND WILL BE RETURNED TO ME, AND THAT I MUST PAY ANY LATE FEES INCURRED.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THESE QUESTIONS IS TRUE AND CORRECT. I UNDERSTAND IT IS A VIOLATION OF THE TEXAS CHIROPRACTIC ACT TO SUBMIT A FALSE STATEMENT TO THE BOARD.

Signature _____ Date _____